STATE OF DELAWARE
OFFICE OF PENSIONS

ACTUARIAL FORM
(NEW HIRE ONLY)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

PERSONAL DATA (please print)

Name: _____ SSN: _____
(Last Name, First Name) (Maiden Name)

Address: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

Gender: Female ☐ Male ☐ Marital Status: Married ☐ Single ☐ Widow ☐

EMPLOYMENT DATA

Current Organization: Family Court

Department ID: 0208 Date of Hire with Organization: _____

Plan: (check one) ☒ State Employees ☐ State Police ☐ Judiciary ☐ Legislative
☐ C/M General ☐ C/M Police/Fire ☐ Volunteer Fire

Previous State of Delaware pension creditable service: (do not include durational or casual/seasonal)

NAME OF ORGANIZATION	FROM		THROUGH	
	MONTH	YEAR	MONTH	YEAR

OTHER SERVICE

Did you serve in the Armed Forces of the United States: YES ☐ NO ☐ **(If yes, please provide a DD-214)**

Have you ever rendered full-time service in professional educational employment or full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of the State of Delaware, or in an accredited private school or college?

YES ☐ NO ☐ **(If yes, please submit documentation as requested on Other Governmental/Educational Service Verification Form under Active Members/Active Members Forms on our website.)**

COMPLETE AND SIGN ON PAGE 2 →

SPOUSE INFORMATION (if applicable)

Name of Spouse: _____ Gender: Male ☐ Female ☐
(Last Name, First Name) (Maiden Name)

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Date of Marriage: _____

DEPENDENT INFORMATION (if applicable)

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

Name: _____ Gender: Male ☐ Female ☐
(Last Name, First Name)

Disabled before the Age of 18: YES ☐ NO ☐

Address: _____ Telephone Number: _____

Date of Birth: _____ SSN: _____ Relationship: _____

I hereby certify that all information given is accurate and true to the best of my knowledge and belief.

X _____ _____
SIGNATURE **DATE**

RESET FORM

STATE OF DELAWARE
OFFICE OF PENSIONS

DESIGNATE OR CHANGE BENEFICIARY FOR PENSION CONTRIBUTIONS

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name (Print): ______________________ **Pension ID, Employee ID or SSN:** ______________

Please complete form in its entirety and return to the Pension Office. Incomplete forms may be rejected.

PENSION PLAN (Check One):

- [x] State Employees'
- [ ] State Police
- [ ] Judiciary
- [ ] Legislators'
- [ ] C/M Police/Fire
- [ ] C/M General
- [ ] (Vol) Fire
- [ ] Port

I hereby ***revoke any previous beneficiary(ies) designation*** of my pension contributions. I direct that any excess amount of my accumulated pension contributions, with interest, be paid to the living beneficiary(ies) as designated. When completing this form, ***at least one* Primary beneficiary** must be designated. If more than one beneficiary is designated, unless primary and secondary is noted, I understand payment will be made in equal shares, unless otherwise specified. If no designated or living beneficiary, for all or any part of the death benefit, the death benefit will be payable to my estate. (See page 2 for additional information.)

Primary ☐ **Gender:** **M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: ______________

Date of Birth: __________ SSN / EIN: __________ Relationship: __________

Mailing Address: ______________

Optional Contact Information (Telephone/Email): ________ / ________

Primary ☐ **Secondary** ☐ **(Choose one – Secondary receives money if Primary deceased)** **Gender:** **M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: ______________

Date of Birth: __________ SSN / EIN: __________ Relationship: __________

Mailing Address: ______________

Optional Contact Information (Telephone/Email): ________ / ________

Primary ☐ **Secondary** ☐ **(Choose one – Secondary receives money if Primary deceased)** **Gender:** **M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: ______________

Date of Birth: __________ SSN / EIN: __________ Relationship: __________

Mailing Address: ______________

Optional Contact Information (Telephone/Email): ________ / ________

Primary ☐ **Secondary** ☐ **(Choose one – Secondary receives money if Primary deceased)** **Gender:** **M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: ______________

Date of Birth: __________ SSN / EIN: __________ Relationship: __________

Mailing Address: ______________

Optional Contact Information (Telephone/Email): ________ / ________

COMPLETE AND SIGN ON PAGE 2 →

Primary ☐ **Secondary** ☐ **(Choose one – Secondary receives money if Primary deceased)** **Gender: M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN / EIN: _____ Relationship: _____

Mailing Address: _____

Optional Contact Information (Telephone/Email): _____ / _____

Primary ☐ **Secondary** ☐ **(Choose one – Secondary receives money if Primary deceased)** **Gender: M** ☐ **F** ☐

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN / EIN: _____ Relationship: _____

Mailing Address: _____

Optional Contact Information (Telephone/Email): _____ / _____

By signature below, I hereby ***revoke any previous beneficiary(ies) designation*** of my pension contributions.

X_____ _____

SIGNATURE **DATE**

Important Information/Terminology

- **To be accepted, this form must include:**
  - **A primary beneficiary, either a person, funeral home, organization or your estate**
  - **Complete information for each beneficiary including SSN/EIN for each beneficiary**
  - **Signature and Date**
- **Unpaid Pension Contributions: Amount of the unpaid pension contributions plus interest through date of death if no eligible survivor entitled to receive a survivor pension under my Plan.**
- **Priority of eligible survivors can be found on the Office of Pensions website under Retirees/State Employee Pension Benefits/Survivor Benefits.**
- **EIN: Employer Identification Number, also known as the Federal Tax Identification Number, is a number assigned by the IRS to business entities/charities. You will need the EIN if you are designating a charity, for example, to receive your contributions.**

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